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# Saints' (Birmingham) Hospital Management Committee

HANDBOOK AND REPORT  
THIRD EDITION



All Saints' Hospital



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# All Saints' (Birmingham) Hospital Management Committee

## Handbook and Report THIRD EDITION

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## Introduction and General Developments

In presenting this third edition of their handbook, the Hospital Management Committee are pleased to be able to record steady progress towards their objective of providing a comprehensive and modern psychiatric service, including the development of day hospital care and community service.

The outstanding event has been the opening of the child psychiatric unit in the grounds of Uffculme Clinic. This project, which had been in the pipeline for some ten years, was completed and brought into operation in January 1968. Named the Charles Burns Clinic after the late Dr. Charles Burns, a pioneer in child psychiatry in Birmingham, the unit was officially opened by Paul Cadbury, Esq., C.B.E. on 5th March 1968. Details of the accommodation provided and the aims of the clinic are given later in this handbook.

In August 1967, Miss J. M. McLachlan, the Matron, left to take up an appointment with the Government of Kuwait. Her outlook in the field of psychiatric nursing care was progressive and she was a devotee of the principle of community health service, and was an enthusiastic supporter of the development of the community services operating from All Saints' Hospital. For a number of years Miss McLachlan was on the panel of lecturers for pre-nursing courses at the schools in Birmingham and it was mainly the result of her missionary zeal that the nurse training school at All Saints' Hospital has flourished. She took with her to Kuwait, the very best wishes of the Management Committee.

The Management Committee had for some time felt that the organisation of the nursing service in two sections—male and female under a Chief Male Nurse and Matron respectively—was outdated and that the nursing services should be under one head. They did not appoint a successor to Miss McLachlan but appointed Mr. T. A. Blythin, the Chief Male Nurse, to be Head of Nursing Services. He took up his new duties on 1st January 1968.

The Committee also decided that, so far as was possible, the terms "male" and "female" should be discontinued. The male and female sides of All Saints' Hospital were re-designated North and South wing respectively and the prefixes M and F to denote ward numbers were abandoned.

In common with most psychiatric hospitals, All Saints' Hospital has long been faced with the problem of overcrowding, a condition which, for so long as it existed, inhibited any real improvements in the standard of accommodation that could be provided for the patients. Over the last few years the Management Committee have followed a policy of determination to reduce this overcrowding. From the end of 1961, when there were over 1,000 patients occupying beds, the number of beds has been reduced to 785 at the end of June 1968. This reduction has been possible by the development of the day hospital where over 300 patients who need psychiatric treatment, but need not occupy a bed, attend daily, returning to their homes at night; and by the extension of the community service where patients are visited in their homes. This policy of keeping people out of hospital has



enabled the Management Committee to undertake an important re-organisation within the hospital. Towards the end of 1964 it was decided that an annexe of five large and one small ward blocks, originally the City fever hospital situated within the grounds of All Saints' Hospital but some  $\frac{1}{3}$  mile from the main building, should be developed as an acute and admission wing. This annexe had for many years been used to accommodate long stay and mainly elderly ladies. The programme was to divide each of the large blocks into two-ward units of 26 beds each. The large day rooms to be divided into a dining room and sitting room and large barrack room dormitories to be partitioned off into three-bedded cubicles. As completed each ward was to be refurnished, to provide accommodation of a very high standard. This the Committee adopted as a five-year plan of re-organisation. The progress of the plan was dependent upon the extent of which the overcrowding could be reduced. The Committee are pleased to be able to say that they have been able to keep up with their time-table and that by 31st March 1969 the re-organisation of four blocks will have been completed, leaving one to be dealt with in the near future. The small ward block was brought into use as a unit for the treatment of alcoholic and drug addiction.

The Dangerous Drugs Act of 1968 has focused attention on All Saints' Hospital where active treatment of addiction to drugs has been going on for several years. The success of this unit in the treatment of addiction to "hard" drugs has received wide publicity and authorities and voluntary bodies interested in this problem, from all over the country, have visited the unit. In November 1967 the Minister of Health paid an official visit during which he talked with patients, staff and representatives of official and voluntary associations who work in close contact with the unit. The Home Secretary and the Parliamentary Secretary for Education visited the unit informally. Doctors and administrators from some London hospitals came to All Saints' Hospital to seek information before setting up units for the treatment of addiction in their own hospitals.

The Management Committee wish to place on record their appreciation of the continued support received from voluntary organisations and from individuals. The League of Friends have continued to be very active visiting patients, providing Christmas gifts and in many other ways. The Birmingham Association for Mental Welfare have earmarked a sum of £1,200 to provide play accommodation and equipment at the Charles Burns Clinic. The W.R.V.S. have continued to staff canteens at Uffculme Clinic and All Saints' Hospital and the British Red Cross Society continue their library service. Several local clubs have entertained patients at their club premises. The scholars of the King Edward's High School for Girls have sent three donations to help provide amenities for patients and the Choir of Hands-worth Parish Church have for three years come to All Saints' Hospital to lead the singing at the combined Carol Service held in the hospital chapel. These, and many other kindnesses and donations received, the Management Committee gratefully acknowledge.



As is now generally known, the Minister of Health has approved the proposals for regrouping of various hospitals in the region. Under these proposals the All Saints' (Birmingham) and Birmingham (Dudley Road) Hospital Management Committees will be dissolved on 31st March 1969 and a new Hospital Management Committee will be appointed to take over the duties of both Committees from 1st April 1969. The All Saints' (Birmingham) Hospital Management Committee was formed on 5th July 1948 on the introduction of the National Health Service Act 1946. They took over All Saints' Hospital, then almost 100 years old with a backlog of work still requiring to be done after five years of war. Over the 20 years of their existence the Management Committee feel that they have a record of which they can justly be proud. Much has been done with old-fashioned and inconvenient buildings, much more could have been done had the financial resources been available and there still remains much to be done. Nonetheless, the Management Committee are confident that the All Saints' group will continue, under new management, to give the best service possible to the people of Birmingham. The Management Committee recall with pleasure the very loyal and enthusiastic support received at all times from their staff. To them all the Committee express their very real gratitude and are confident that, with the feeling of good comradeship which exists among the staff, All Saints' Hospital, Uffculme Clinic and the Charles Burns Clinic cannot fail to progress.

### Psychiatric Developments

The general trend of reduction in occupied in-patient beds has continued and during 1968 the objective of bringing the numbers within the statutory accommodation was achieved. At the same time there has been dramatic changes in the distribution of the patient population and in the growth of day care. Table One summarises these trends.

TABLE ONE

	1955	1961	1964	1965	1966	1967
Admissions	704	1090	1484	1674	1649	1524
Discharges/Deaths	876	1164	1509	1656	1695	1621
Av. No. Occ. Beds	1394	1122	996	947	934	856
Out-Patient						
Attendances	4959	3397	5147	5257	6592	6207
Day-Patient						
Attendances	—	6940	32587	36667	44245	65105

These changes have not occurred without a fundamental revision of clinical policy. The most satisfactory feature of the last four years has been the successful development of a hospital-based community psychiatry concept by the provision of all the essential services to this end. Day care has grown so rapidly that the hospital now provides one of the largest day care hospitals in Britain. Nursing staff from the hospital provide community

psychiatric care, and full responsibility is accepted for many patients who do not live in hospital. This has been linked to the provision of lodgings with private landladies and voluntary organisations, and the maintenance of personal contact between staff and these establishments. Most satisfactory of all has been the provision of comprehensive industrial rehabilitation and sheltered work through the Birmingham Industrial Therapy Association which has developed its facilities with astonishing rapidity. In addition to its original car wash, it now provides 300 factory placements in Birmingham, including a Government sponsored rehabilitation unit of 75 places, and before the end of 1968 will provide a further factory to take up to 100 patients in West Bromwich.

A comparison of the changes since 1961 by age, sex and length of stay are set out in Table Two.

**TABLE TWO**  
**Patients in Residence at All Saints' Hospital on 31st December, 1967, compared with 31st December, 1961, by age, sex, and length of stay at All Saints' Hospital.**

	MALE				FEMALE			
	Under 65		65 +		Under 65		65 +	
Less than 3 months	55	+1	7	—3	67	+37	26	+6
3 months —	21	+10	5	+1	13	+3	9	+2
6 months	19	+1	5	—6	20	+9	15	+6
12 months —	21	—16	8	—5	11	—9	23	+2
2 years —	31	—1	16	+7	18	—18	38	—3
5 years —	106	—86	57	+1	96	—142	177	—51
Totals	253	—91	98	—5	225	—120	288	—38

	ALL					
	Under 65		65 +		All	
Less than 3 months	122	+38	33	+3	155	+41
3 months —	34	+13	14	+3	48	+16
6 months —	39	+10	20	same	59	+10
12 months —	32	—25	31	—3	63	—28
2 years	49	—19	54	+4	103	—15
5 years —	202	—228	234	—50	436	—278
Totals	478	—211	386	—43	864	—254

The proportion of male to female patients has remained constant at 40-60. The changes in length of stay are a cause for satisfaction. In 1961 64% of the patients had been in hospital more than five years. By 1967 this number had been reduced to 50% of a smaller hospital population.

The problem of the psycho-geriatric patient is a matter of considerable national concern, and it is of interest to examine the hospital's experience in more detail.



It has been widely suggested that the mental hospitals are rapidly becoming institutes for the long-stay care of the elderly and, considering the wholly inadequate provisions which still exist for old people, this possibly is a very real problem. The steadily increasing proportion of old people in the general population is reflected in the age distribution within the hospital. In 1961 only 35% of resident patients were over 65. By 1967 the proportion increased to 45%. However, the total numbers of patients in the hospital over 65 has shown a drop, and this is against both the trend in the rest of the region and in the country generally. There were, in fact, 43 less patients over 65 at the end of 1967 compared with six years earlier. This drop would appear to justify the comprehensive geriatric care policy adopted 4-5 years ago. This includes a special geriatric admission-assessment unit, a large geriatric day hospital, and the provision of community nursing for discharged geriatric patients. This requires considerable deployment of staff and resources, but with the elderly now the most under-privileged and neglected section of the Welfare State, many of them living in sub-standard conditions, too frequently alone all day, their needs must take priority. Too many old people still enter hospital purely because of adverse social conditions and not for mental illness. If the hospital did not give this matter priority, many of these would remain in hospital indefinitely.

A further cause for satisfaction is the increased turnover per hospital bed as shown in Table Three.

TABLE THREE

Discharges per occupied bed:	1955	0.62
	1961	1.04
	1964	1.51
	1965	1.74
	1966	1.81
	1967	1.87

These figures must reflect the increasing number of patients being treated, and the reduced length of time that is required to return them to their homes.

Apart from these changes in the general situation, the increased number of specialised services shows another trend and this will be reflected in the growing number of departmental reports.

The staff situation is worthy of special comment. The integration of the nursing staff under Mr. Blythin, with division into five areas of responsibility under him, has produced a rational nursing structure with devolve-ment of much greater individual responsibility on all administrative grades. The nursing staff have been recruited up to existing establishment, but we are well aware that this establishment is unrealistic to meet modern psychiat-ric needs. We are in a position now where we have to refuse potential nursing staff because of current financial allocations. The need for an increased nursing establishment is being assiduously pursued.

Medical staffing is in a very healthy state. The increased work of the addiction unit, the demand for more out-patient sessions at other hospitals, and the growing number of day patients has created a need for more consultant sessions at the main hospital, but the junior staffing position has been consistently good. At the time of publication all five senior registrar and nine registrar posts in the group are occupied, and there has been a consistently high standard of recruit to these posts. This is reflected by the fact that, since 1964, five senior registrars have been appointed to consultant posts, and the pass rate among registrars taking their Diploma in Psychological Medicine has been very high, and ninety per cent have gone on to senior registrar, research appointments, or general practice, with a full basic training behind them. At a time when many hospitals have a serious medical staff shortage our position may be attributed to two factors (i) that within the group we can now provide a very comprehensive training. (ii) the policy of the administration in regarding these posts as training posts, and giving medical staff full facilities for attending study courses and providing time for special training.

The policy of employing increasing numbers of general practitioner clinical assistants has also worked out very well. General practitioners are given psychiatric training and not employed on general medical duties. One general practitioner has taken a D.P.M. and two others are in the process of doing so. This policy has much to commend it as a permanent feature of psychiatric staffing structure.

It is apparent that the provision of a comprehensive training service and the encouragement of a wide research programme is as essential to the successful development of the hospital as the provision of forward-looking treatment methods.

## **Addiction Unit**

The addiction unit which was conceived in 1964 has rapidly established a world wide reputation. This mainly derives from its success in controlling the outbreak of narcotic addiction which spread to the Midlands in the autumn of 1965. By the end of 1966 the situation in the area was firmly under control and has remained under control, although at the time of writing, other problems, particularly the abuse of methedrine are causing new concerns.

The activities of this unit have received an enormous amount of publicity both in Britain and many other countries and this has resulted in a constant stream of visitors over the last three years. Many hospitals have seconded staff for experience, and the staff of the unit have been, and still are, in constant demand for lectures and talks. The demand has been so great that it has been quite impossible to fulfil all requests. Nevertheless, Dr. Imlah (Medical Director), Dr. Owens (Consultant in Charge), Mr. Nyman (Psychiatric Social Worker) and Mr. Hill (Assistant Chief Male Nurse in



Charge) have travelled widely to talk to every conceivable type of audience both on the work of the unit and on the problems of addiction generally. Most of this has been in their own time and on top of their normal work. It has been done in the belief that there is still a tremendous need to educate and bring understanding of the problem of addiction.

Much of the administrative system developed at the unit was incorporated into the official legislation to deal with narcotic addiction in Britain and both the Ministry of Health and the Home Office have acknowledged the assistance of the unit and its staff. It would be invidious to single them out for individual mention as they regard themselves as a team, and their success has been due to a real team approach plus a great deal of hard work and refusal to accept established practices. They would also acknowledge the tremendous co-operation of the Birmingham Police Drug Squad as part of the team.

### **The Midland Centre for Forensic Psychiatry**

This centre was formally established on the 1st January 1964 at All Saints' Hospital under the charge of Dr. J. J. O'Reilly, previously Medical Superintendent of All Saints' Hospital. In June 1967, the Birmingham Regional Hospital Board together with the Home Office appointed a full-time Consultant in Forensic Psychiatry, Dr. Robert Bluglass, who, in addition to acting as Consultant to the penal establishments in the Midlands took over clinical charge of the Midland Centre for Forensic Psychiatry.

Under the new arrangements the service previously provided has been continued with further developments in various areas. The department provides a regional service for the assessment and treatment of offenders who also suffer from psychiatric disorder and for individuals suffering from behaviour disorders where a problem of overt delinquency has not yet arisen. Teaching and research are also closely inter-related activities.

Of the first hundred cases seen since the 1st June 1967 (75 men and 25 women) 12 were referred directly by a family doctor and 69 via probation departments. These figures emphasise two important aspects of the work, the provision of a specialist service to general practitioners and an advisory service to the various Courts in the Birmingham region. Patients are also referred for assessment directly from the Courts, from other psychiatrists and for treatment when they have been referred by a prison medical officer and assessed while in custody. In 58 cases a report was provided for the Court and subsequently 32 persons were ordered to receive a period of probation, 18 of them with a condition that they also received psychiatric treatment (11 of them initially as an in-patient). The two main groups of offences involved were property offences and sex offences. A more detailed analysis of the clinical work of the department will be undertaken as the work develops.

In addition to the clinical service function of the Centre, help is given

with cases of Prison after-care and Borstal after-care requiring psychiatric assessment and treatment. Close links are being forged with the Probation and After-Care Services and with the Courts, Magistrates, Local Authority, University and Prison Departments in the area.

The Consultant in charge is Postgraduate Clinical Tutor in Forensic Psychiatry in the University of Birmingham and a course in Forensic Psychiatry is provided for Senior Registrars in Psychiatry. Lectures and tutorials are also given to groups of probation officers, psychiatrists, general practitioners and magistrates and work is also undertaken in the Extra Mural Department of the University. Under the ægis of the Home Office the work of the Centre is closely integrated with the service provided to the penal establishments and in particular to H.M. Prison, Birmingham and H.M. Remand Centre, Brockhill.

The first year of work under the new direction has mainly been occupied with developing the clinical and teaching commitments of the Centre but it is also considered that an active programme of research is an essential part of the work and there are plans for commencing research in psycho-genetics, homicide, shoplifting and the epidemiological aspects of Forensic Psychiatry.

### **Rehabilitation and Day Hospital**

All Saints' Hospital now provides one of the three largest Day Hospitals in Britain. Its special situation in the middle of a great industrial city is an important factor in determining the growth rate of this service, because of the comparative accessibility. At the same time an area such as ours has a much higher incidence of psychiatric disorders than any other type of community. Day Hospital, therefore, becomes a logical and essential development. Apart from the individual treatment requirements, it provides two main functions, firstly, supportive and secondly, rehabilitative.

In its supportive function, it can maintain many patients, e.g. geriatric, within the community who would otherwise have to remain in hospital. Its more positive function, however, is in providing an intermediate means of the gradual rehabilitation of patients back into full community life.

For many of these patients, rehabilitation also requires re-training to equip them to secure a full-time employment according to their capabilities. This re-training is now largely provided by the Birmingham Industrial Therapy Association outside the hospital but with hospital staff working on its premises. Their main provision is now a large factory in Balsall Heath which can take up to 300 patients and which includes a special Government Rehabilitation Centre with 75 places. Since its formation in 1963, the Birmingham Industrial Therapy Association which was formed in association with All Saints' Hospital initially, has expanded so rapidly that it is now one of the largest and comprehensive organisations of its kind in the world. In addition to its main factory, it runs a highly successful car wash in another part of the City and is in the process of opening another factory in the County Borough of West Bromwich to take another 100 patients.



For most of the severe or long-term cases, passage through these industrial workshops is an essential process for successful rehabilitation. The Birmingham Industrial Therapy Association provides an authentic working atmosphere within the community in which a patient's ability to enter outside employment is truly tested. Apart from this it provides a sheltered type of employment for those patients who for various reasons are unacceptable to outside employers. The rapid decrease in the number of long stay patients in the hospital owes a great deal to this enterprise and time may yet show that of the many recent developments in the hospital, this has been the outstanding one.

## **Nursing Services**

A significant feature of recent years has been the considerable extension of the nurses' areas of activities. The development of specialities such as Addiction and Child Psychiatric Units and involvement in Day Patient Care and Industrial Rehabilitation Centres in the community have added new and satisfying dimensions to their experience. They are no longer concerned merely with treating patients' symptoms within the confines of wards but are becoming increasingly concerned with patients as individuals in the context of their families and environment outside the hospital.

This trend will continue, plans are complete for All Saints' nurses to staff a clinic for long-acting phenothiazines. Under these arrangements nurses will, in addition to providing facilities within the hospital, visit, counsel and administer to patients or even ex-patients in their homes. The long-term effect of this could be considerable. Undoubtedly it will help to keep patients out of hospital, by providing a much needed follow-up service, by helping to support patients and their families and by arranging early out-patient or domiciliary visits should this become necessary. This role of keeping patients out of hospitals is a far cry from the custodial care of a few years back.

There is little doubt that these activities have enhanced the prestige of the hospital. The number of organised visits of nurses and others to the hospital, and the demand for nurses to address various organisations is ample evidence that All Saints' is on the "map". Nor can it be overlooked, the effect of all this on nurse recruitment and in the retention of staff. In terms of the activities in which we are involved we are very conscious of staff shortages but regardless of this we compare more than favourably with most psychiatric hospitals in this respect.

Space allows only the briefest mention of many other changes—the reduction in in-patient numbers—the "mother and baby" unit and the number of staff who have attended post-registration courses.

A review of recent years would not be complete without reference to the Salmon Report on Senior Nursing Staff Structure—All Saints' has been considerably influenced by its proposals. Whilst there is general acceptance

of its main recommendations, it would be idle to suggest that such changes as were necessary could be made painlessly or in a short time. New gradings and new structures cannot in themselves improve anything, this can only be achieved by the efforts and co-operation of the staff. In the past twelve months they have been subjected to more changes, more integration than in the previous decade and no praise is too high for the manner in which these changes have been accepted.

### **Nurse Training School**

The training and education of student nurses and the provision of courses for trained staff inside the hospital is the primary concern of the Nurse Training School. It is controlled by the Nurse Education Committee, whose members include senior nursing personnel and representatives of the medical staff and the public health and education fields. The committee's aims are to maintain and develop the highest possible standards of nurse training and education. At the present time we are carrying out an experimental examination for the General Nursing Council.

Since 1964 the classroom, library and laboratory space has been doubled to accommodate the increasing numbers of young people in training. At the present time 75 Student Nurses and 30 Pupil Nurses are in training under the guidance of four tutors and three clinical instructors. The school is well equipped with modern teaching aids.

Great strides have been taken in integrating the theoretical subject matter with the abundance of practical experience available in the hospital, ranging from Short Stay Care of mothers and babies to experience in management of Psycho-neurosis at Uffculme Clinic, Industrial Rehabilitation and experience in care and management of Alcoholism and Addiction. Young people in training get an average of three months training in these areas together with the care and management of Medium and Long Stay Psychiatric Illness throughout the three-year training programme.

The training of psychiatric nurses is being widely recognised as a sound basis for future study in Social Work, Child Guidance and Education. Within the hospital service, provision is made for further training in other branches of nursing and for the London University Diploma in Nursing.

The Hospital Management Committee recognise now, more than ever before, that a hospital service without a complement of well-trained nurses, cannot provide the service that the community needs and with the realisation of this fact, they promote and encourage an education and training for work in the hospital and outside supported by excellent conditions of work, security and professional status in employment.

### **Uffculme Clinic**

Important changes in the functioning of clinical services have taken place during the past few years, with a gradual implementation of the policy to



change Uffculme, from an early psychiatric treatment centre admitting all categories of patients for physical and psychotherapies, into a regional centre for psychotherapy, with the admission of patients suffering from psychoneuroses and personality disorders. While some of the more dramatic advances that have been made in psychiatry in recent years are related to the development of physical therapies, these treatments are applicable mainly to the psychotic disorders and their use in the large group of psychoneuroses is limited. While physical therapies have by no means been abandoned at Uffculme, they now play a secondary or supportive role with the major emphasis on psychotherapy, particularly group psychotherapy.

All day and in-patients now admitted to Uffculme are allocated to one of seven groups. There are six intensive groups who meet with the same therapist daily for analytically oriented group psychotherapy. One of the groups has been specifically designed for middle-aged patients whose age range is generally from 40 to 55. There is one supportive group where patients who are undergoing physical therapies are admitted and where group therapy is of a more supportive nature suited to the type of patient admitted there.

The aims of therapy are no longer merely the relief of symptoms but the production of changes in those areas in a patient's personality that are giving rise to difficulties. For example, most neurotic patients admitted have a variety of interpersonal difficulties. While these may not be specifically complained of by the patient, these attitudes need to be changed by treatment before the patient can make a more satisfactory adjustment to his life situation.

Not all neurotic patients are suitable for treatment in intensive psychotherapy at the clinic but many difficult and intractable neurotic problems have been successfully treated by this method. Treatment is of necessity lengthy and time consuming but for many patients seems to offer the only hope of a satisfactory recovery.

In conjunction with these changes in the service function of the clinic, there have been significant changes in the teaching and research commitment. Uffculme has become a regional centre for training in psychotherapy, and senior registrars from the Midland region attend for training in psychotherapeutic techniques. There has been also further development in the provision of postgraduate training for general practitioners, mainly by the use of seminars. In conjunction with All Saints' Hospital, a rotational training scheme has now been in operation for some years, so that a young psychiatrist joining the staff of the Group will do, say, eighteen months' basic psychiatry at All Saints' Hospital, where he may gain experience in basic psychiatry, day hospital care, forensic psychiatry, and drug addiction; he is then rotated to Uffculme for a year, for special training in the psychoneuroses and psychotherapy. With the opening of the Charles Burns Clinic, an opportunity now exists for a further six months' training in child psychiatry. As a result of this rotational training scheme, the Group can now offer as comprehensive a training scheme in the various basic branches of

psychiatry as is available in the best teaching centres in London. Similar opportunities for rotational training are available for nursing and ancillary staff.

The change and emphasis of the clinic has led to some slowing down in research activities. Nevertheless, a number of research projects have been completed and others are continuing. Dr. Sethna has now completed his long-term evaluative study of group psychotherapy and the results are being statistically analysed. Further research into the field of music therapy is being carried out and Dr. G. Dickens while a senior registrar at Uffculme, carried out an interesting research project into the food fads and cravings of pregnant women. This research has complemented that carried out by Professor Trethowan and Dr. Conlon, into the Couvard syndrome.

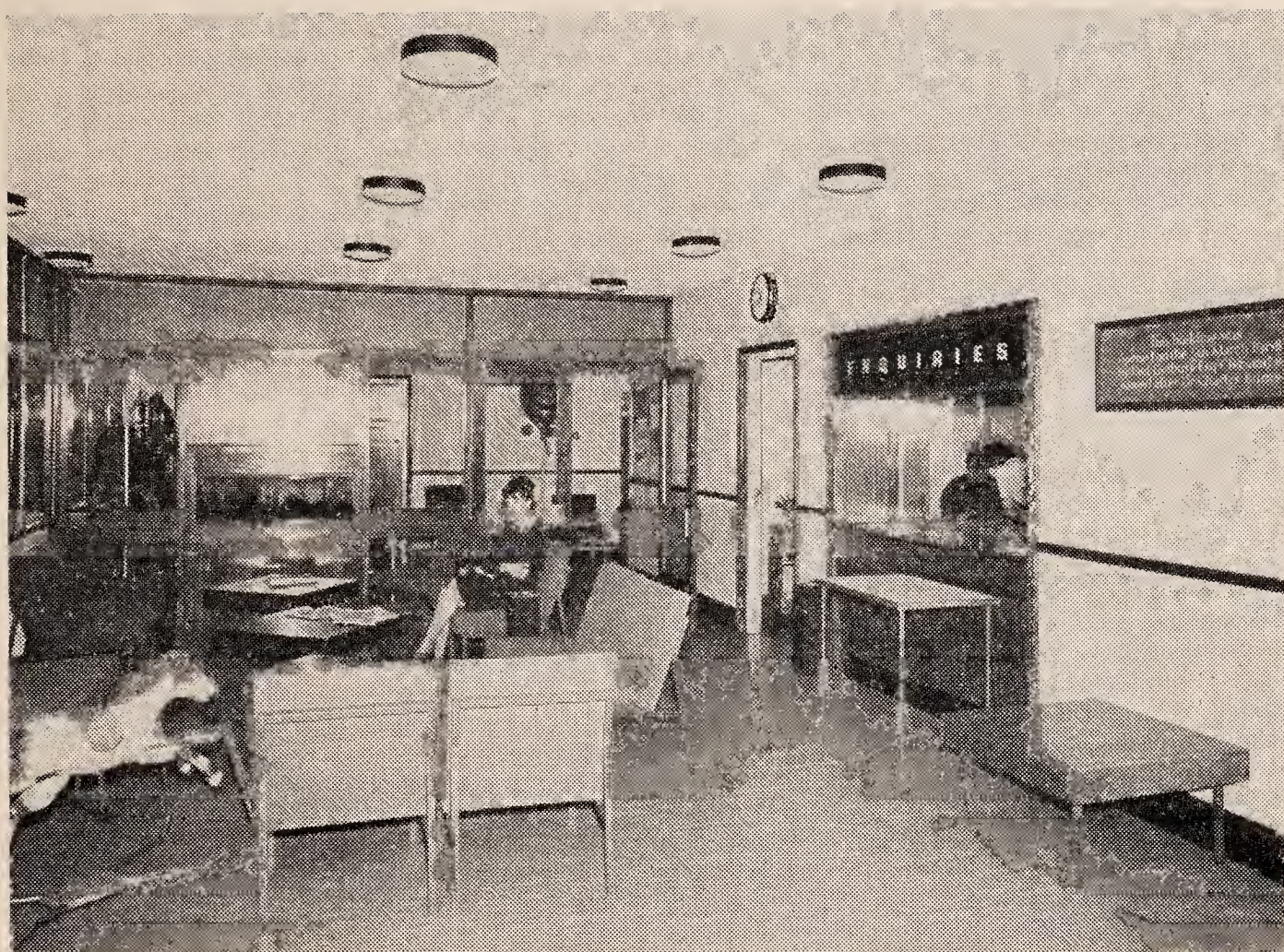
### **Charles Burns Clinic**

This new development within the Group was officially opened by Paul S. Cadbury, Esq., C.B.E., on Tuesday 5th March 1968. It is the first specially constructed child psychiatry in-patient unit in the region and provides in-patient accommodation for some 30 children in small wards of three, four and five beds, with three single rooms. There are, in addition, two mother and child units, where a mother and small child can be admitted simultaneously. The mother and child unit provides a separate sitting-room and kitchen for use as required. In addition to the in-patient facilities, the new unit will accommodate a limited number of children on a day care basis, and this facility has already proved its value. While the accommodation for out-patients is modest, facilities are available for the investigation of treatment of children on an out-patient basis.

The approach to treatment in the unit is based on a therapeutic regime carried out by a skilled team of workers who collaborate together to provide an appropriate flexible environment for emotionally disturbed children. The regime has been designed to suit the variable needs of children up to the age of approximately 12 (puberty).

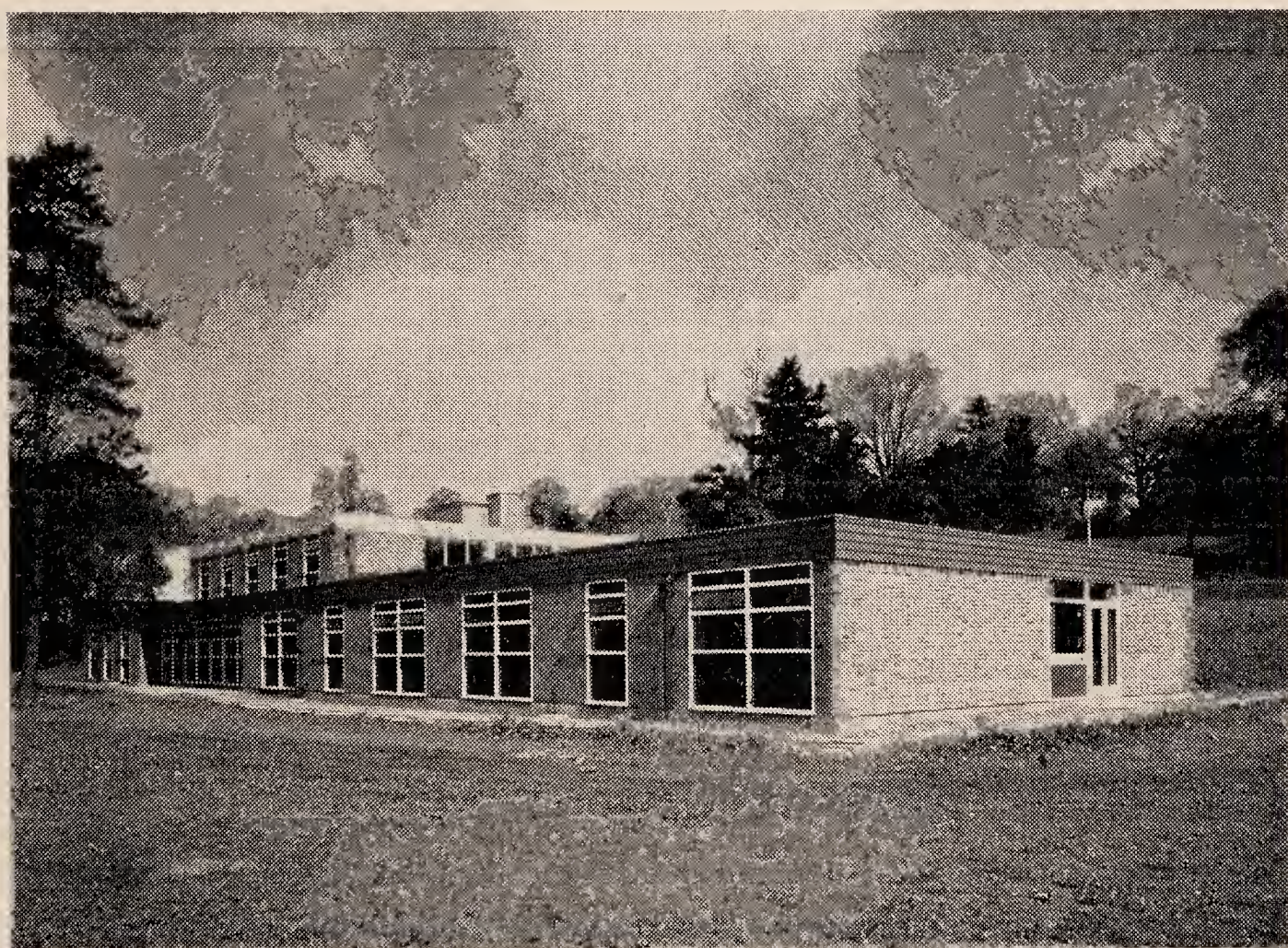
In planning the treatment environment, great emphasis is placed on the overall atmosphere but children are divided into small groups, according to their age, development, and other requirements. Regular meetings are held between members of the therapeutic team, psychiatrists, social worker, psychologist, nurses, occupational therapist, etc. Apart from any individual treatments that children require, they all need the background of a stable and regular routine, and for this there is a full daily programme of activity arranged for each child. All children of school age who are well enough to participate in educational activities are given regular periods of schoolwork. There are also organised recreational activities, outside visits, periods of free play under the direction of the nursing staff. While children are allowed a good deal of freedom, they are shown the limits of behaviour which are regarded as acceptable from them according to their type of illness and the phase of treatment.





*Charles Burns Clinic—Reception Centre.*

*The Charles Burns Clinic.*





The problem of nursing care and management is substantial and these emotionally disturbed children require a great deal of individual attention, and hence a high staff/child ratio. New units of this type must to a degree be regarded as experimental in that as yet there is no reliable body of data which can indicate those children who are most likely to benefit from a period in a unit such as the Charles Burns Clinic. It is not, however, planned that the unit will provide long-term care for chronic or intractable cases. It is already apparent that a considerable number of children need a period in hospital for full diagnostic investigations, so that their various deficits and difficulties may be accurately worked out and an appropriate long-term treatment programme drawn up. Other children need a period in hospital to tide them over some emotional difficulties related to a crisis in the family.

The new unit has already established strong links with the Uffculme Open Air School next door. A number of the children admitted to the clinic are already attending the school for some activities, and a few disturbed children admitted to the school have been transferred to the clinic for further intensive investigation. The appointment of a consultant psychotherapist with sessions both at Uffculme and in the Charles Burns Clinic, has helped to forge other close links between the two units. Plans are already in hand for joint family therapy to be carried out in some cases, with the mother undergoing intensive psychotherapy at Uffculme and the child having treatment in the Charles Burns Clinic.

A number of research projects have already commenced in the children's unit and others are under consideration. In conjunction with the Institute of Child Health, the Children's Hospital, and the University Department of Psychiatry, special equipment has been acquired to study overactive (hyperkinetic) children whose progress in terms of physical activity under standard conditions can be measured before and after treatment.

The use of operant conditioning in the treatment of infantile autism is already being investigated with the Department of Psychology.

With the relative underdevelopment of child psychiatric services and the great shortage of personnel in this field, the training function of the clinic has assumed an important place in regional planning. The installation of a closed-circuit television unit with video tapes, will materially assist in these teaching endeavours, and already teaching seminars are taking place and a series of special Friday afternoon meetings for all concerned have been commenced. The first few of these meetings have been very well attended, indicating the need for a form of child psychiatry in the post-graduate field.

## **Research**

In the belief that an active research programme is an important function of any psychiatric centre, efforts to increase this work have resulted in a rapidly expanding programme both on a full-time and part-time basis, and with an increasing range of interests. Two full-time research projects started in 1968. Dr. Brian Houghton was appointed to a Senior Research Fellow-



ship at Birmingham University to work at All Saints' Hospital on the evaluation of objective measurements of anxiety and the effect of various drugs on these indices. Miss Fiona Broughton of Aston University has begun a comparison of the rehabilitative results of patients passing through the Birmingham Industrial Therapy Unit with those of patients returning to work without re-training.

The bulk of the part-time research has been in the field of social psychiatry and psychopharmacology. The establishment of an ethology laboratory at All Saints' gives an opportunity for wider studies, and it is hoped that this will help to combine work between the psychiatrist and the ethologist.

In social psychiatry the most important work of the Unit for years has been that of Dr. F. Hashmi on mental disorders in immigrant groups in Birmingham. As a result of his studies in this field Dr. Hashmi has become one of the acknowledged authorities in this country on the problems of immigrant mental health. His full researches have yet to be published but he has already a number of publications on the subject and is under heavy demand as a lecturer.

Apart from the rehabilitative researches of Miss Broughton, Dr. Martin Davies is also carrying out research into other aspects of the same problem, although some time must elapse before this work can be completed.

On addiction, Dr. C. D. Neal and Dr. H. Halstead made an interesting psychological study of a series of young heroin addicts. This work is awaiting publication. Dr. Neal is also investigating referrals to a gynaecological outpatient department, and intends to print this as an M.D. thesis. His predecessor as Senior Registrar, Dr. C. Mellor, completed his work on Schizophrenic Fingerprints, at All Saints' before his appointment as Lecturer at Liverpool University, and successfully submitted this research for his M.D.

The main volume of research continues to be in psychopharmacology, and All Saints' is now one of the main centres in Britain for the clinical evaluation of new drugs. Two important new drugs received their early clinical investigation at the hospital. Dr. C. D. Neal and Dr. N. Imlah presented the first paper in Britain, in September, 1968, on Fluphenazine Decanoate, a drug which replaces daily tablets in schizophrenics by a single injection lasting on average three weeks. This drug represents a major advance in the management of the chronic relapsing schizophrenic. In September 1966, at the World Psychiatric Congress in Madrid, Dr. Imlah presented the first clinical report on Iprindole, a new anti-depressant with reduced side-effects. The drug came into general use in 1968, and the first paper on the long-term toxicity of the drug, by Dr. K. Murphy and Dr. Imlah is now awaiting publication.

In addition to these, and other papers listed in publications, two other papers "A comparison of Oxypertine and Chlorpromazine in Schizophrenia" and "A comparison of Hypnotics in Senile Dementia" have been completed for submission.

Current research in psychopharmacology includes two trials on anti-

depressants, preliminary evaluation of two new anxiolytics, a controlled comparison of the anti-psychotic drug Haloperidol in anxiety neurosis, and preliminary examination of a new drug in schizophrenia.

The aim of the Medical Directors of both All Saints' Hospital and Uffculme Clinic to encourage a full research programme has been realised, and will be sustained. At the Charles Burns Clinic, Dr. P. Barker has already established research projects, and these together with the plans in the forensic psychiatric department should ensure a continuing expansion.

## **Ethology**

In 1967 the Ethology Laboratory at Uffculme Clinic and its associated research laboratory at the University of Birmingham became the sub-department of Ethology within the Department of Psychiatry. This development has received full support from the Sir Halley Stewart Trust Fund, and has been accomplished whilst maintaining the strong ties with the Hospital Group.

Dr. M. R. A. Chance who has become reader in ethology at the University of Birmingham and is head of the sub-department of ethology was invited to lecture at a number of Universities in the United States in 1965 and again in 1966. Dr. Chance has been co-opted by the University of Sussex to assist the work of the Centre for Collective Psychopathology. He was also elected Research Fellow in the department of Social Anthropology, University College, London, and has been elected to the Council of the Royal Anthropological Institute.

Mr. C. Brannigan who was appointed as an ethologist in 1965 at the Ethology Laboratory, Uffculme Clinic, has been involved in the design and installation of observation facilities, including closed-circuit television in the Charles Burns Clinic. Since the opening of the clinic he has begun a programme of research into the behaviour of autistic children using ethological techniques, and has combined with the Psychology Department in using these observations as a basis for therapy by means of operant conditioning.

Observation facilities now exist at All Saints' Hospital and research supported jointly by the Hospital Group and the Social Science Research Council will soon commence on special aspects of the ethology of group behaviour. For this purpose Mrs. Hilary Callan has been appointed as the Social Science Research Associate in the sub-department of ethology, and Mr. T. Pitcairn as ethologist, both to work on this project in the Ethology Laboratory of All Saints' Hospital.

The Ethology Department is continuing with its basic project, that of obtaining a fuller knowledge of the structure of mammalian social behaviour.

## **Teaching**

Our long-established links with the Medical School of Birmingham University have continued, and have increased, particularly in post-graduate education.



Undergraduate students now visit the All Saints' Hospital during their first year as well as their final year and Dr. Cleobury, Dr. White and Dr. Imlah are involved in undergraduate teaching.

In post-graduate training Dr. Barker, Dr. Bluglass, Dr. Hope Scott, Dr. Harrington and Dr. Imlah hold teaching appointments. In the post-graduate training scheme, trainees attend for special training in child psychiatry with Dr. Barker, forensic psychiatry with Dr. Bluglass, addiction with Dr. Owens and psychotherapy under Dr. Hope Scott and Dr. Carlish. Dr. Harrington and Dr. Imlah are post-graduate clinical tutors at Uffculme Clinic and All Saints' respectively under the regional training scheme. Dr. Imlah delivers the psychology lectures in the Part I D.P.M. course.

Weekend courses for general practitioners continue at Uffculme Clinic under the direction of Dr. Harrington, and a twenty-sessions course for theology students has been established at All Saints' with all senior staff participating.

### **All Saints' Hospital League of Friends**

All Saints' Hospital League of Friends was formed in 1960 and is a voluntary organisation devoted to raising funds to provide extra amenities for staff and patients and also provides a visiting service to the hospital.

The need to have an income from funds other than public money was felt soon after the inauguration of the National Health Service in 1948 and gradually Leagues of Friends of various hospitals were formed, until today there are very few hospitals without a League of Friends to assist them.

All Saints' League has in the eight years of its existence, provided quite a number of things from beach balls to a fully equipped hair dressing salon. The ever-pressing need is for money. Any interested reader wishing to help financially could do no better than send a donation, even if it be a small one, to the Hon. Treasurer, Mrs. G. D. Preston, 93 Bedford Road, Sutton Coldfield.

The League's activity is also one of personal service. Members visit the lonely patients in the hospital each week on a rota system whereby members actually undertake monthly visits. The visits are very much appreciated by the people in the hospital and the League would like to hear from anyone interested in helping with this very rewarding service. For more information on this and any other aspect of the League's activities, please contact the Hon. Secretary, Miss J. A. Padmore, 93 Bedford Road, Sutton Coldfield.

The League is fortunate in that it is helped from time to time by various other voluntary organisations of a charitable nature. Certain clubs and associations have been kind enough to give generous help in a variety of ways. Mention must also be made of the sympathetic assistance given by tradesmen, particularly at Christmas time when the League buys its presents for patients.

Should anyone reading this feel able to offer the help of any organisation, club or shop, the Hon. Secretary will be pleased to receive suggestions.

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## The Future

The rapid decline in the number of in-patients by the virtual elimination of long-stay patients, excepting the geriatric, is setting the pattern for the future of the hospital. Chronic psychiatric illness remains, but increasingly it is consistent with living in the community. Such patients still require care, probably in greater degree than formerly, but space within the hospital to provide a better range of treatment is now possible. The growth of more specialised units, dealing with hitherto neglected areas, can be anticipated. This has already begun with the addiction unit, forensic department and child psychiatric clinic all developing within the group in the last five years.

The rapid growth of the day hospital has been somewhat haphazard, but now definable divisions are beginning to emerge, and the patterns of care for different categories are clearer. This area of the hospital will make increasing demands on staff, particularly nursing, and the future training of the student nurse will require greater emphasis on this type of care, and/or experience in community visiting.

Within the span of the last two decades the whole concept of the function of the hospital has been reversed. From an asylum whose primary function was to remove the mentally ill from the community outside, it has become the focal point for keeping the patient in the community and providing services to that end outside the hospital area. This transition has created problems which are still unsolved. There are no longer any locked doors in the hospital, and to retain them would be entirely out of keeping with the new concept. Hospitals such as All Saints' are still expected to take a small number of patients who are anti-social as well as mentally ill, and courts still refer patients who in varying degrees constitute some danger to society. Such cases represent no more than 0.1% of the total population but the care of such cases is no longer compatible with the rest of the hospital, nor with the function and training of its staff. The rapid changes within mental hospitals has thrown up a problem that the judiciary must recognise, and which must be dealt with more satisfactorily than at present.

Until a more positive approach is taken to this pressing problem, hospitals will be faced with the dilemma of taking patients for which they cannot provide the necessary security precautions, or persisting with such security arrangements to the detriment of the therapeutic atmosphere of the whole hospital. In such a situation many staff feel that refusal to take such cases should be an instrument of future policy in the interests of the hospitals as a whole.

Integration with the Dudley Road Hospital group is imminent, but this is unlikely to cause any immediate change in the trends of psychiatric care described in this edition. It does, however, provide an opportunity for closer integration with the other branches of medicine, and cementing links which



already exist between the staff of All Saints' and Dudley Road Hospital. Because of its distinctive problems, psychiatry will continue to be a special grouping within the new super-group, but in the course of time the geographical boundaries may well become blurred. It symbolises the end of the mental institution as it has existed for over a century, and the emergence of psychiatry into the mainstream of medicine.

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## **ALL SAINTS HOSPITAL LEAGUE OF FRIENDS**

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